

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 6 | | | | | |
| TOTAL DEP. | 18 | | | | | |
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| | IND | | DEP | | IND | | DEP | | IND | | DEP | |
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| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |